

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 120  
Registered No. 476

**PLACE OF BIRTH**

County DeLa State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Francisca Olivas  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Oct 4, 29  
Month Day Year

8. FATHER  
Full name Proceso Olivas  
9. Residence (Usual place of abode) Deceased  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Francisca Bonilla

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Fla

16. Color or race Mexican 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Chihuahua  
(State or country) Mex

19. Occupation HW  
Nature of industry

20. Number of children of this mother 6  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was Bonilla at 2 P m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles E. Smith  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami  
Month, day, year \_\_\_\_\_ Filled Oct 12, 29 C. E. Smith  
Registrar Registrar

662-1004-621